

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142206

FILED
Aug 14, 2006
Secretary of State

Entity Name: VAN ZANT, EASON AND ASSOCIATES, INC.

Current Principal Place of Business:

681 HICKORY MANOR DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

3120-1 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

Current Mailing Address:

681 HICKORY MANOR DR
JACKSONVILLE, FL 32225

New Mailing Address:

3120-1 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

FEI Number: 42-1617652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN ZANT-BLOW, JILL PD
681 HICKORY MANOR DRIVE
JACKSONVILLE,, FL 32225 US

Name and Address of New Registered Agent:

JOSEPH, LESLIE E PD
1421 GAY AVENUE
JACKSONVILLE,, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LESLIE EASON JOSEPH

08/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VAN ZANT-BLOW, JILL
Address: 681 HICKORY MANOR DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Delete
Name: EASON, LESLIE
Address: 5201 ATLANTIC BLVD - # 275
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOSEPH, LESLIE E PD
Address: 1421 GAY AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE EASON JOSPEH

PD

08/14/2006

Electronic Signature of Signing Officer or Director

Date